

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City

Phoenix

State

AZ

Zip Code

85018-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR195313406

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Charmaine L. Goodman

Mailing Address 8100 Strecker Lane

City

Plano

State

TX

Zip Code

75025-4349

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.28

Date of Receipt

10 / 31 / 2015

Transaction ID : PR195513406

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John Glass

Mailing Address 6174 N Paradise View Drive

City

Paradise Valley

State

AZ

Zip Code

85253-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR195713406

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

507.72